



### Student Request for a Letter of Recommendation or Verbal Reference

If the student would like a letter of recommendation or a verbal reference from their Cleveland Clinic clinical instructor, fieldwork educator or preceptor, the student must provide the following information and sign one of the two statements\* below. **No student information will be released without completing this form.**

**Student's Full Name:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Permanent Phone Number:** \_\_\_\_\_

The letter for recommendation or verbal reference is for:

- Employment**
- Graduate/Professional School**
- Other: (Please Specify)** \_\_\_\_\_

The information on the back of this page will be used for writing the letter of recommendation for the student or providing a verbal reference when asked.

I am requesting \_\_\_\_\_  
(Identify CCF clinical instructor, preceptor or fieldwork educator)

to provide a written letter of recommendation and/or verbal reference to:

**Name:** \_\_\_\_\_

**Institution/Company/College:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

OR

I authorize CCF to release my information to any future requestors. I will notify CCF of such requestors via email

Please note: There is a 3 year time limit for these requests

**Letter of Recommendation Due Date:** \_\_\_\_\_

**\*The student must sign and date ONE of the following statements:**

- 1) I wish to have access to the information on this form and/or written letter of recommendation, and I understand that under the Family Education Rights to Privacy Act of 1974, 20 U.S.C. 1232 g (a) (1), I have the right to read this recommendation.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

❖ If signed above, please provide a self-addressed stamped envelope.

- 2) I hereby waive any and all access rights granted me by the above laws to this recommendation/reference.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Office Use ONLY!	Date Sent:	
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Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Academic Institution: \_\_\_\_\_

Clinical Rotation: \_\_\_\_\_  
(Type of Rotation)

	Needs Improvement	Meets Most	Fully Meets	Exceptional Performance	Not Observed
Clinical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Attributes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compassion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In my opinion, this student has the potential to be a Cleveland Clinic employee.

Yes     No     Student is too new to rate     Undecided

Print Name: \_\_\_\_\_  
(Clinical Instructor/Fieldwork Educator/Preceptor)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Clinical Instructor/Fieldwork Educator/Preceptor)

CCF Location: \_\_\_\_\_  
(CCF Hospital, Family Health Center, etc.)